

# TRICARE *Europe* COMPASS



TRICARE Europe Office  
Unit 10310  
APO AE 09136

<http://www.europe.tricare.osd.mil>

## Successful Open Access Conference

by COL Robert Larsen  
*Medical Director*

On 4-6 November, TRICARE Europe Office sponsored another conference to assist 8 additional TRICARE Europe Region MTFs in implementing Open Access. The 30 attendees at the meeting in Sembach, Germany had the opportunity to hear first from BG Ursone, Lead Agent for TRICARE Europe. He emphasized that Open Access is the way we should do



*TEO Photo by Bonita Ducharme*

**COL Robert Larsen**  
*TRICARE Europe Medical Director*

business to make access convenient for our beneficiaries. Then Dr. Mark Murray and Ms. Jane Metzger, our expert consultants, led an exciting 2 days of lectures and discussions, presenting concepts for understanding access and strategies to address access challenges.

Access is fundamentally an issue of supply and demand. Most clinics have reached a steady state such that the waiting times for care stay about the same, but are delayed into the future by

several days or weeks. There are some patients seen on the day of their request because they are more ill. However the process of determining who should be cared for today and who should be delayed into the future is carried out through a complicated appointment process. This process is resource intensive in terms of personnel time utilized for appointing and triaging. Furthermore, developing and maintaining a backlog of patients adds additional costs due to additional phone inquiries, patient no shows, decreased patient satisfaction, and risk of decreased quality when patient's degree of illness is misjudged.

The solution is to work down the backlog, and then proceed by doing "today's work today". Any patient calling for an appointment should be offered an appointment with their PCM on the day they call, regardless of the nature or urgency of their healthcare need. This keeps the future schedule open allowing this approach to be practiced every day. Continuity of care, where the beneficiary sees their own PCM and the PCM takes full responsibility for their panel of patients, is the single most important strategy for managing access on a daily basis.

**See ACCESS Pg. 3**

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***"One person caring about another represents life's greatest value."  
Jim Rohn***

**by CAPT Barbara Vernoski, USN**  
*Executive Director*

First, I want to wish everyone a very Happy New Year. I hope you all were able to take some time to be with family and friends this holiday season, and to recharge your batteries.

Last year was a very busy one in many respects with lots accomplished by all. Several of our facilities turned over commanders, the WIC Overseas Program got underway with a total of 16 sites opened, the Remote Site Healthcare program took off providing care to our military and their families in six CENTCOM countries, Open Access' successes and the focus of taking care of today's healthcare needs today continued to delight our patients. The TRICARE Europe Report Card and Host Nation Customer Comment Cards now give the MTFs an opportunity to examine the outcome of their healthcare and customer service efforts, and work began on The Next Generation (T-NEX) of TRICARE Managed Care Support contracts. And, in the midst of all this activity, we were called upon to evaluate and strengthen our ability to provide emergency healthcare as we face the new threat of targeted terrorist attacks.

This year promises to be equally as busy with many of these same initiatives continuing well into and beyond 2002. The upcoming TRICARE Conference will provide us with the annual status report on the health of the MHS and help us tailor our TRICARE Europe road map for success in this year.

Always a step ahead of us, BG Ursone shared his following 2002 regional focus points with the TEO staff during his 8 January VTC: Open Access, wellness and health

promotion with a focus on active duty

injury prevention, peer review of local healthcare provided our beneficiaries, and performance outcome measures. The general's last focus point challenges us to measure the degree to which providing today's care today and our wellness/ health promotion initiatives have improved the overall health of those we serve.

Though this year will be filled with its usual share of challenges, it presents all of us with another opportunity to further develop and fine-tune the best healthcare system in the world. My staff and I are looking forward to working with you and supporting you in your efforts as we move forward and forge the future of healthcare in the TRICARE Europe region!



**Captain Barbara Vernoski**  
*TRICARE Europe Executive Director*

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## Open Access from Pg. 1

by COL Robert Larsen

*Medical Director*

To assist the MTFs in improving their access, the TRICARE Europe Office is continuing its development of a web based "Optimization Support Tool", which can be visited at <http://www.europe.tricare.osd.mil/main/informationssystemsoptimizev2/>. This tool provides clinic managers with critical information such as PCM panel size, waiting times for appointments, and continuity of care. Armed with this information, better decisions can be made on how to improve appointment availability and eventually move to a full Open Access system. The end result will be improved service for our beneficiaries, and greater satisfaction for the clinic staff as they remove barriers to access and concentrate simply on providing the very best care possible.



**Ms. Jane Metzger**  
*Open Access Consultant*



**Dr. Mark Murray**  
*Open Access Consultant*

*Photos by Bonita Ducharme*

## INPATIENT MENTAL HEALTH CARE IN A HOST NATION FACILITY THE "HOW TO" AND LATEST UPDATE ON THE AUTHORIZATION PROCESS

by Lt Col Elizabeth Robison

*Chief, Healthcare Ops*

As we continue to develop/mature the process for authorizing host nation inpatient mental health a few reminders/updates are in order:

- \* TRICARE/CHAMPUS policy mandates prior authorization for all non-emergency inpatient mental health admissions, including treatment of substance use disorders.
- \* Preauthorization is not required for an acute mental health hospitalization when a physician determines, based on psychiatric evaluation, that the patient is an immediate risk of serious harm to self or others and requires immediate, continuous, skilled observation and treatment at the acute psychiatric level of care. NOTE - authorization for this admission must be secured within the first 72 hours of admission.
- \* Acute medical detoxification falls under the mental health authorization requirement, but care does not need to be provided in an acute psychiatric level of care facility. Authorization for this benefit is also required within 72 hours. If rehabilitation is required, see comments below.
- \* Partial hospitalization programs (PHP), substance use disorder rehabilitation facilities (SUDRF), or residential treatment centers (RTC) must occur in designated TRICARE-certified facilities, which are currently CONUS-

based facilities. There are currently no TRICARE certified facilities in OCONUS. NOTE - according to the Office of General Counsel (OGC) for Health Affairs, the TRICARE Overseas Program (TOP) Lead Agents do not have the authority to waive this certification requirement. If a beneficiary requires a referral to one of these levels of care facilities, then the authorization process for TRICARE Europe Prime goes through our stateside contractor, Choice Behavioral Health Partnership. Please reference the TRICARE Europe website for policy information, beneficiary brochure, and certified facility listing.

Now let's walk through a typical beneficiary inpatient mental health authorization to a host nation facility:

**Step 1:** Remember, there is essentially only one level of care provided in host nation facilities, inpatient acute. (Please note – this is a change from previous practice; OCG review noted non-compliance with 32CFR166.6 using non-certified facilities; updated policy guidance will reflect this change.)

**Step 2:** First the referring provider needs to process the request for authorization through their TRICARE Service Center (TSC). All providers must document a clinical justification.

**Continued on Pg. 4**

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## Inpatient Mental Health Care from Pg. 3

**Step 3:** The TSC then contacts the TRICARE Europe Office (TEO) to obtain an authorization. Listed below are the items required:

DONE	ITEMS REQUIRED
<input checked="" type="checkbox"/>	Clinical justification from referring provider.
<input checked="" type="checkbox"/>	DEERS registration/enrollment information
<input checked="" type="checkbox"/>	Host nation facility name and date of admission.
<input checked="" type="checkbox"/>	Patient release of information. (Copy should be in the patient's record.)

**Step 4:** TEO will review the items and generate an authorization as indicated, forwarding the paper authorization to the TRICARE Service Center. The TSC should remember to inform TRICARE Standard beneficiaries of appropriate cost shares.

**Step 5:** When beneficiaries enter inpatient care for mental health it is important their progress be followed closely. The host nation facility is required to provide an updated progress report to the referring provider approximately every 7 days.

**Step 6:** The referring provider reviews the information for continued stay as an inpatient and then will either concur or non-concur on the progress report. This information is then provided to the TSC who in turn forwards it to TEO.

*Contact numbers for the TRICARE Europe Office:*

*DSN: 496-6336/6324 or  
Comm: 49-(0) 6302-67-6336/6324  
FAX: 496-6377 or  
Comm FAX: 49-(0) 6302-67-6377  
Alternate 496-6378*

*Email: [linda.glynn@europe.tricare.osd.mil](mailto:linda.glynn@europe.tricare.osd.mil)  
or [elizabeth.robison@europe.tricare.osd.mil](mailto:elizabeth.robison@europe.tricare.osd.mil)  
(When using email, do not use patient sensitive information like full name and Social Security Number-we must safeguard patient confidentiality.)*

### Healthcare Operations Division Adds Two New Staff Members

by Lt Col Elizabeth Robison  
*Chief, Healthcare Ops*

Welcome to Linda Glynn the new Regional Nurse Case Manager. Linda is a seasoned registered nurse with seventeen years experience in acute care settings, including



education and case management responsibilities. Throughout her career she has been an active participant and leader in projects to

improve standards of care. Some of her many accomplishments include: functional team leader of hospital patient and family education for JCAHO credentialing; successful proposal and implementation of an employee recognition program; and development and implementation

of a successful educational plan for a hospital system. Linda is a great asset to the TRICARE Europe team and we look forward to her building a Regional Case Management Program.

Mrs. Brandy Sims-Hall is another welcome addition to our office as an administrative assistant. Although in a part-time position, she has already begun to actively improve some of our administrative information files and system data files. Brandy enjoys working with computer applications and has an interest in web design, as well as a side interest in photography. A welcome addition to our staff, Brandy hails from Sciotoville, Ohio.



### Department of Defense Healthcare Survey



The Department of Defense (DoD), is very interested in what you think about your healthcare. Within a few weeks, selected military service members will receive a survey in the mail. The purpose of this survey is to help policy makers gauge beneficiary satisfaction with the current military healthcare system and provide valuable input from beneficiaries that will be used to improve the Military Health System. Please encourage your beneficiaries to complete their survey when it arrives.

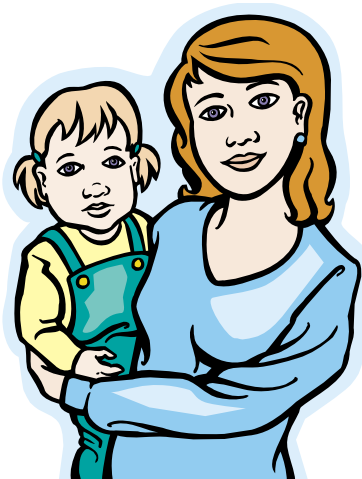
# WOMEN, INFANTS AND CHILDREN (WIC) OVERSEAS PROGRAM UPDATE

by LTC Muriel Metcalf (TEO)  
and Betsy Kozak (CM/SE)

It's sweeping across Europe throughout military communities and it continues to cause quite a stir wherever WIC appears. WIC (Women, Infants and Children) is a nutrition education program that provides supplemental foods to eligible military/civilian family members. Although WIC may cause a stir, it has been a welcome addition to the military communities.

The WIC Overseas program has moved into Phase II of implementation in the European Theater. WIC offices have opened in seven different countries with a total of 16 sites providing services to military communities.

The newest addition to the WIC family is Hohenfels, Germany which opened on Jan 9, 2002. Incirlik, Turkey and Bamberg, Germany both opened on Nov. 19, 2001. The challenges faced with each new site are different – from not being able to ship certain equipment into the country to the electrical outlets and plugs not matching – but each challenge is met with ingenious solutions ensuring success. The WIC implementation team from the TRICARE Europe Office and Choctaw Management/Services Enterprise would like to give their heartfelt thanks to everyone involved in accomplishing the WIC mission.



## *\* Mark your calendars \**

**The next WIC sites to  
open are:**

**Ansbach/Katterbach -  
January 14, 2002**

**Rota - January 18, 2002**

**Bitburg/Spangdahlem -  
January 30, 2002**

**Wiesbaden - February 13, 2002**

**Dexheim - February 14, 2002**

**Ramstein (Kaiserlautern Area)-  
February, 19, 2002)**

**Kitzingen - February 25, 2002**

**Wuerzburg - February 27, 2002**



# MEET THE TRICARE EUROPE OFFICE STAFF

by **CAPT Cynthia DiLorenzo, USN**  
**Deputy Executive Director**

In this quarter's "Meet the TRICARE Europe Office Staff", we want to introduce you to the "Local Nationals of the TRICARE Europe Office". We could not function without our local national staff. They bring a wealth of experience, knowledge, and cultural understanding absolutely necessary for our office to be able to implement and manage the TRICARE Program in Europe. They provide the continuity needed and the assurance that the TRICARE Europe Program will continue to provide quality, cost effective, accessible healthcare to all our beneficiaries. The diverse backgrounds of our local nationals provide us a tremendous opportunity in TRICARE Europe – each of the HIGHLIGHTED individuals greatly contributes to the implementation and improvement of TRICARE throughout the Region. So read on to MEET the LOCAL NATIONALS of TRICARE Europe!

## **Mrs. Ulrike Engel**

Ms. Engel has been working for the Department of Defense Military Health System since 1982. In July 1984, she was hired by the Office of Civilian Health and Medical Program of the Uniformed Services – Europe. In this position she was responsible for processing all medical claims for care rendered to active duty personnel and CHAMPUS eligible beneficiaries within Europe, Africa, and the Middle East.



During her time with OCHAMPUSEUR, Ms. Engel was responsible for a variety of programs and was instrumental in reducing the claims backlog of over 10,000 claims. During the transition from OCHMAPUSEUR to TRICARE Europe, Ms. Engel played a pivotal role in ensuring a smooth turnover occurred. She is currently serving as the senior Health System Specialist in the Regional Operations Division, where she is the subject matter expert on the TRICARE benefit, claims processing, and customer service. Ms. Engel is a strong advocate of the TRICARE Program and this is reflected in everything she does.

## **Mr. Martin Hollingworth**

Mr. Hollingworth has been working for the Department of Defense Military Health System since 1973 when he worked at the Wuerzburg Hospital. Moving onto the Office of Civilian Health and Medical Program of the Uniformed Services – Europe (OCHAMPUSEUR), Mr. Hollingworth became the Deputy Director of that office and was responsible for the oversight and management of the entire claims processing system for civilian health care within Europe, Africa, and the Middle East. Mr. Hollingworth currently serves as the Partnership and Preferred



Provider Network (PPN) Coordinator for TRICARE Europe. He is responsible for the coordination of the PPN with the MTFs and the Component Services. He serves as the subject matter expert on the Partnership Program and the PPN, answering inquiries from both the MTFs and the local providers. Mr. Hollingworth has a sound TRICARE Program background and provides valuable consultation services to the field. A proponent of TRICARE, Mr. Hollingworth's knowledge and experience make him a valuable asset in the TRICARE Europe Office.

## **Mr. Ken (K.C.) Collins**

Mr. Collins began his career with the Department of Defense as a logistician in 1980. He joined the TRICARE Europe Office team in February 2000 as our Budget Analyst. In this capacity, Mr. Collins is responsible for monitoring our expenditures, serving as the billing official for the government credit card program, serving as the office's Program Coordinator for the Government Travel Program, processing travel orders, and a variety of other budget related duties. Mr. Collins' organizational skills, friendly demeanor, and knowledge of the funding "maze" make him an essential TRICARE Europe Office team member. We are lucky to have him!



**See TRICARE Staff Pg.7**

## TRICARE EUROPE STAFF from Pg. 6

### Mr. Waldemar Pustel

Mr. Pustel has worked for the Department of Defense since 1984 in a variety of positions, most relating to the Information Management field. He joined the TRICARE Europe Office staff in September 2001 as the Assistant Program Manager for the Remote Site Healthcare Program. In this capacity, he is responsible for overseeing the Points of Contact (POC) listing, performing analysis on cost data, and responding to concerns/questions from the remote sites. Though with us only a short time, Mr. Pustel has become a valuable member of the TRICARE Europe team and we are glad to have him.



The TRICARE Europe Office is fortunate to have these multi talented, dedicated local national employees as part of the TRICARE TEAM! We would like to thank them for their loyalty, dedication, commitment, and enthusiasm. They are the "glue" that holds the overseas TRICARE Program together.

## Should you Remain Enrolled in the TRICARE Dental Program on Arrival to an Overseas Location?

**By Dr George Schad**

*Director, TRICARE Dental Program Manager*

Active duty members have a decision to make on arrival to an OCONUS assignment- whether to enroll or disenroll their family members in the TRICARE Dental Program (TDP). The decision on enrollment/disenrollment is a personal decision that rests with the individual family. The sponsor should consider a variety of factors when weighing the decision about paying for dental coverage. Some factors to consider should be based on the availability of dental care in the local OCONUS Dental Treatment Facility (DTF), the need for orthodontic care which might not be available at the DTF, children or family members who are still residing in the US, the likelihood of family members returning to the US, for long periods of time, and the individual's desire to have paid emergency dental care available at any time. When looking at the pros and cons of these questions, cost should also be a factor. Currently, the rate for an individual family member is \$7.63, with the cost of more than one family member being a maximum of \$19.08; quite a reasonable cost for the benefits offered.

Along with considering cost and local DTF availability, a person needs to determine to what extent they are comfortable

going to local host nation dental providers (HNDP). In order for a dental HNDP to be on the TRICARE Dental Program listing we require the provider to speak English, sterilize dental instruments, wear masks and gloves, and accomplish a myriad of other clinical procedures. While the quality of the dental work cannot be guaranteed, we do feel that these listed providers practice in a manner comparable to US practices. Therefore, we feel comfortable endorsing the usage of the TDP and of our listed HNDPs whenever the need for referral into the civilian community becomes a necessity.

It is not necessary for family members to remain enrolled in the TDP. However, if a person does make this choice, then the local military DTF, TRICARE Europe Office, and/or the TRICARE Dental Program insurance vendor (United Concordia) are available to assist.

*If you have questions or concerns about the TDP please contact your local DTF or call the TRICARE Europe Office at*

**DSN: 496-6358 or  
Commercial 49 (0) 6302 -67 -6358.**

## Host Nation Comment Card Update

*Our new web-based tool is being used by many facilities, however we would like to have more comment cards forwarded to the TRICARE Europe Office. Once the card arrives, our staff enters the information into a secure database. An assigned POC from your facility is able to retrieve the information and respond to beneficiary comments. If you are interested in this new process which will assist your facility with evaluating your host nation providers, please contact:*

**LTC Beatrice T. Stephens @ [beatrice.stephens@europe.tricare.osd.mil](mailto:beatrice.stephens@europe.tricare.osd.mil)**

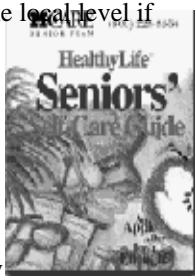
## TRICARE for Life/TRICARE PLUS and Senior Self-Care Guides

by **Major Kevin Forest**

*Population Health*

The TRICARE Europe Office (TEO) has searched self-care guides applicable to our TRICARE for Life beneficiaries. Many of the references cited below are utilized by the civilian healthcare sector. A brief review of each reference is provided for your convenience. Military Treatment Facilities can further investigate these products for purchase at the local level if desired. TEO does not endorse these products or recommend any one over the other.

### **HealthyLife® Seniors' Self-Care Guide, 128 pages; 40+ topics.**



This Seniors' Guide addresses every day health problems as well as the prevention, detection, and treatment for many chronic conditions. Written in an extra large type style.

**Ordering through the internet:**

<http://www.aipm.healthy.net/slfwellcat/slfrcatpg4.htm>

### **Living Well - Taking Care of Yourself in the Middle and Later Years,** by James Fries

Medical care allows us to live longer, but to enjoy life we need to stay healthy. Living Well presents a thorough but unstressful program for keeping in good mental and physical shape as we grow older, with advice on everything from choosing a doctor to having a happy sex life. Here you will find up-to-date information about how many diseases associated with aging, such as osteoarthritis, diabetes, and atherosclerosis, can be avoided or put off, along with clear advice on financial planning, medications, and keeping your mind active. This edition of Living Well has been improved with forty-five easy-to-use decision charts and large easy-to-read print. Always mindful of helping readers make and preserve choices in medical care, Drs. Vickery and Fries have designed each chart-on hip pain to incontinence to diet and exercise-to provide valuable advice on solving a specific problem of later life.



Online available through bookstore: <http://www.amazon.com/exec/obidos/ASIN/0738204242/weprefyounotrefe/107-3902443-1020503> Or contact vendor: Healthtrac, Inc., VP Client Services and Business Development - (510)-531-1034, email: [laurierohrbach@healthtrac.com](mailto:laurierohrbach@healthtrac.com)

### **Healthwise® for Life Handbook (currently used by TRICARE Senior Program [TSP] sites)**

This self-care guide covers 190 common health problems and is written for older adults. Each section contains information on prevention, home treatment, and when to call a health professional. It is the culmination of Healthwise's™ experience in providing trusted information to more than 20 million families to assist them in making wise health decisions. Offers a friendly, intuitive format, including the use of large print, generous amounts of white space, many useful illustrations, and the comfortable 2-column/2-color text format.

**Ordering through the internet:**

[https://healthwise.safeserver.com/ps\\_order\\_hw4l.html](https://healthwise.safeserver.com/ps_order_hw4l.html)

### **Mayo Clinic on Healthy Aging**

Provides reliable, practical, easy-to-understand information on preparing for and dealing with the aging process. Much of this information comes directly from the experience of physicians and administrative specialists at the Mayo Clinic.



[http://www.mayoclinichmr.org/products\\_services/index.html](http://www.mayoclinichmr.org/products_services/index.html) or call 800-430-9699

### **Taking Care After 50: A Self-Care Guide for Seniors**

By Harvey Jay Cohen

This self-care guide is clearly illustrated and designed for easy reading. It is written by one of the country's most distinguished specialists in geriatrics and reviewed by a team of medical experts at Optum, a leader in health education, information, and support.

Order Online at <http://www.amazon.com/exec/obidos/tg/stores/detail/-/books/0812931742/glance/107-1065032-5938968>

Self-Care Continued on Pg. 9



# TRICARE Online An Internet Healthcare Portal

## Self Care Guides from Pg. 8

by 1Lt Derek Eckley

Chief, Information Management

### Taking Care for Seniors – (Newsletter)

Offers the same high quality and appeal as the original Taking Care. Seniors will appreciate the wide range of articles geared to their needs. Larger type and nonglare paper make it easy to read.

Not available to order on-line from Optum but can request product information online:

<https://www.optumcare.com/request.html>  
or call - (888) 262-4614

## TRICARE For Life Eligibility

by Bonita Ducharme  
Public Affairs Assistant

Military retirees that have not enrolled in Medicare Part B (Medical Insurance), will not be eligible to participate in the TRICARE for Life program that became effective 1 Oct. 2001. However if you are 65 or older you can sign up for it during the General Enrollment Period (GEP) which runs 1 Jan - 31 March of each year. If you enroll during the 2002 GEP, your Medicare Part B coverage will start on 1 Jul 02. To enroll in Medicare Part B or for more information about Part B call the Social Security Administration's toll free number at (800) 772-1213. (MEDICARE) or visit their webpage at [www.ssa.gov](http://www.ssa.gov).

Another important step to prepare yourself for TRICARE for Life is to ensure that your DEERS information is current.

The Deputy Surgeons General have selected medical facilities in our Region as Beta-test sites for an exciting new service for our TRICARE beneficiaries, providers, and managers. The TRICARE Management Activity will begin Beta-testing TRICARE Online at medical facilities in Germany beginning in early 2002. TRICARE Online is a web-based Internet gateway designed to allow beneficiaries to "take command" of their own healthcare in a secure, user-friendly environment. TRICARE Online offers the following features:

- Quick access to 18 million pages of consumer health information
- Secure personal health journal to track personal and family health information
- TRICARE benefits and services
- Check medications for possible adverse reactions and interactions
- Web pages that connect beneficiaries directly to their assigned treatment facility, clinic, and health care provider
- Round-the-clock availability
- Primary care clinic appointments for TRICARE Prime and Plus patients



TRICARE Online Homepage

TRICARE Management Activity support staff will perform a full capability assessment during the month of January with Beta-testing to follow shortly afterward. Military Treatment Facility super user training will be an integral part of this Beta-test, along with local and regional marketing initiatives. Beneficiaries enrolled in TRICARE Prime and TRICARE Plus will be able to use TRICARE Online to make routine or follow-up appointments with their primary care manager. Planned future capability features are even more exciting and include appointment reminders, secure email to the clinic, and pharmacy refills.

### IMD Update:

TRICARE beneficiaries that  
have questions or inquiries  
should use the new web address  
[teo.pao@europe.tricare.osd.mil](mailto:teo.pao@europe.tricare.osd.mil)

See *Tricare For Life* Pg. 12

# REMOTE SITE HEALTH CARE “DEMONSTRATION” PROJECT

by LCDR Stephen Keener

Remote Site Healthcare Program Manager

When I first arrived at the TRICARE Europe Office (TEO) I was unsure of what I would be doing. That uncertainty soon changed when I was assigned as the project manager for the Remote Site Health Care Program. I thought TEO was responsible for providing a health plan for beneficiaries in Europe. Did you know that TRICARE Europe's area of responsibility not only includes Europe but also the African Continent, the Middle East and many of the former Soviet Union countries? That is an extensive area of responsibility. Of the 306,000 beneficiaries living in TRICARE Europe's area of responsibility 11,000 live in remote areas.

Access and quality are critical components of any health care system and both of these are extremely challenging in remote areas. There have been many concerns voiced by beneficiaries living in remote areas: the quality of the providers, the requirement for up-front payment, and the language barrier to name a few. Our response to these challenges was to research what TRICARE Pacific and TRICARE Latin America were doing in their remote areas. Working with TRICARE Latin America we were able to modify their current contract with International SOS in order to conduct a demonstration project in six countries in Central Command's (CENTCOM) area of responsibility (Egypt, Ethiopia, Kenya, Kuwait, Pakistan and Saudi Arabia). In July 2001, International SOS began to build a “credentialed” provider network in each of these countries and completed the network in August 2001.

One of the best features of this program is the establishment of a TRICARE CONUS Prime like benefit which ensures quality of medical, dental and surgical care, access to care within TRICARE standards and other components of the Prime benefit.

We know our system is far from perfect, however, we think we are on the right track. Our active duty and their family members living in these six countries now have access to a health care advice line 24 hours/day/7 days/week. The call center provides assistance with identifying a provider as well as making appointments.

The Remote Site Health Care Demonstration Project has been a great success; the utilization of the provider network in the first six countries by our active duty and their family members continues to increase since the inception of the program in July. So, where do we go from here? The TRICARE Europe Office has been working with TMA to modify the current contract to add the remaining CENTCOM countries during this fiscal year. In order to provide a uniform benefit for all OCONUS Regions we have been working with TMA, and the other OCONUS TRICARE Regions, to establish a universal contract that will establish network providers in all our remote areas where our active duty members are stationed. Once this contract is awarded in fiscal year 2003 we will begin to add our EUCOM remote sites.

**FEEDBACK:** The information in this column features frequently asked questions from beneficiaries and the answers provided by the TRICARE Europe Office.

I am currently stationed at Fort Leavenworth, Kansas but am going to go to Korea very soon. My wife (a German Citizen) and my daughter (a U.S. Citizen) are going to go home for the year or so that I'm in Korea. Her family is from up north near Hannover. How do I enroll them in TRICARE Prime Remote in Europe and is that even the right program? I need to find some information or a Point of Contact if you are not the right person.

**Answer:** Sir, unfortunately, your wife and daughter are not eligible for the TRICARE Europe Prime Remote. In order for them to be eligible for that program you, the sponsor, would have to be stationed in a remote area within TRICARE Europe's Area of Operation and they would have to be living with you. Because your family will not be living close to Military Treatment Facility (MTF) they will have to use TRICARE Standard for any healthcare they need or travel to the closest MTF and use space available. It appears that the closest MTF would be the USAF Clinic at Geilenkirchen, the contact number for is: 02451-99-3400/3401/3402, they do not have a DSN. The Health Benefits Advisor can provide you with more information about access to the clinic. For more information on TRICARE Standard here is a link to the TRICARE Standard Handbook:

<http://www.tricare.osd.mil/tricarehandbook/>

# USA MEDDAC Heidelberg

by Tara Rigler

PAO, Heidelberg Meddac

## MEDDAC Awarded 2001 Army Pharmacy Clinical Pharmacy Award for Excellence

In an October awards ceremony, USAMH's Chief of Pharmacy was awarded both the 2001 Army Pharmacy's Clinical Pharmacy Award for Excellence for his work in developing the Walter Reed Army Medical Center's clinical pharmacy program and a Joint Services Achievement Medal for his work on the Composite Health Care System National Capital Area Consolidation team. Both awards were presented by Lt. Gen James Peake, the Army Surgeon General.

Maj. John Spain said, "I had no idea I'd even been nominated for the award. I usually go to the conference to present a poster. This year, my team and I presented a poster entitled "Pharmacy Practice Initiatives", at Walter Reed Army Medical Center: "A Transition to Excellence." Receiving this award was a reflection of what my team did," said Spain.

Spain said he believes the success of the project was due to the people on his team. "I've been very fortunate to work with many dedicated people. Those folks deserve the credit. It truly was a group effort to succeed in these initiatives." As the assistant chief of pharmacy at the WRAMC, Spain was a combination of a clinical pharmacist, educator and administrator.

"Our goal as pharmacists was to do more than safely dispense medications to our patients. Our responsibility involves patient education and drug monitoring in inpatient and outpatient settings. We worked on identifying how we could add our value to the health care team to enhance patient care," he said.

"The pharmacy staff at WRAMC saw making changes to how we serve customers as an opportunity to excel. We were blessed with a command that provided us the freedom to fail.



**Lt. Gen. James Peake presents Maj. John Spain with the 2001 Army Pharmacy's Clinical Pharmacy Award for Excellence.**

We did both and learned from our mistakes to improve. That environment allowed the successes that this award recognizes," said Spain.

Spain was awarded the Joint Services Achievement Medal for his work in implementing a multi-system integrated information system across Army, Navy, Air Force and Coast Guard Services. This project consolidated practices between National Naval Medical Center, Malcolm Grow Medical Center and WRAMC and their forty-one satellites.

## Pediatric Orthoses Provide Support For Children

By Tara Rigler

United States Army Medical Department Activity, Heidelberg

The Dynamic Ankle Foot Orthoses (DAFO) is the newest service provided by the Heidelberg Hospital's Educational and Developmental Intervention Services

(EDIS). This program provides custom molded ankle foot orthoses (braces) for children with special needs. Now the Heidelberg Hospital EDIS can provide eligible children with the appropriate medical equipment to provide greater independence and mobility, such as walking and standing.

Heidelberg Hospital is one of two Army hospitals in Europe to offer this service. Paula Bell, Heidelberg Hospital's Pediatric physical therapist, said children can be fitted for braces on the economy, but the model used on the economy is more expensive, less comfortable, and less appealing to the young people wearing them.

"DAFOS are custom molded to fit the child's foot through the use of a foot plate which is modified to the contours of the child's foot. These plates are the base from which we try to improve the biomechanical alignment necessary for the child to have the support to walk with the proper alignment," said Bell.



**Paula Bell, Pediatric Physical Therapist fits Anthony Stoll, age 7 for a DAFO brace**



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"The severity of the child's needs will determine the type of brace needed, Bell said." "Once this is determined, a cast is made of the child's foot and sent back to the States to build the DAFO." Another difference is that the DAFO is more child-friendly than the braces found on the economy. DAFO braces can be worn under any type of clothing and fit inside tennis shoes with a wide toe box. Also, because they are custom-designed the child can choose the strap colors for his brace, with final approval from the parent, she said.

A child with the DAFO brace wears it far more often than a brace from the economy not only because it looks better, provides better alignment, but also because it is far more comfortable to wear. The kids I've casted have worn the DAFO far more than the brace from the economy. They've helped design it, so it's their thing, their creation, and they'll want to wear it, "said Bell.



Anthony Stoll examines the plaster Paula Bell will be using to cast his foot for the DAFO mold.

The length of time a child can wear the DAFO depends on the growth of the child and his/her improvement and continued needs. "A child can usually get nine months to one year's wear out of the DAFO brace. It is the state of the art in pediatric orthoses with a 90-day unconditional guarantee. If there are any unresolved problems with the fit or the orthosis does not function as expected, it can be sent back to the manufacturer and another can be made."

## TRICARE Regional Ops Chief Promoted to 0-5



Major, Thomas Haines  
Regional Operations, Chief  
was promoted to Lt Col  
7 Jan 02.

## TRICARE for Life from Pg. 9

Military retirees can update DEERS information by e-mailing changes to:

**[addrinfo@osd.pentagon.mil](mailto:addrinfo@osd.pentagon.mil);**  
or faxing changes to (831) 655-8317;  
or mailing changes to:  
**DEERS Support Office**  
**Attn: COA**  
**400 Gigling Road**  
**Seaside, CA 93955-6771**

DEERS address changes also may be made online at the DEERS Web site,  
**<https://www.tricare.osd.mil/DEERSAddress/>.**

**For more information, call the DEERS Support Office at its toll-free number, (800) 538-9552.**

**The DEERS Support Office hours of operation are 6 a.m.-3:30 p.m., Pacific Time, Monday through Friday.**

Failure to enroll in Medicare Part B or not updating your DEERS information before 1 April, 2002, could result in military beneficiaries losing important healthcare benefits.

## TRICARE Marketing Products Update

The updated Marketing Order (MO) form is now available on-line for the TRICARE Service Centers. Mrs. Marla Haase developed the new link, based on the need for a time efficient, user friendly system that promotes an open line of communication between the TEO marketing office and the TSCs. I would like to express my appreciation for Mrs. Haase's dedication to the project, and also to all the TSC Publication POCs for your feedback, and assistance during the initial testing phase.

\* To use TRICARE Marketing Products Order Form go to the TRICARE Homepage @

**<http://www.europe.tricare.osd.mil/>**

\* Next select the MTF/DTF Block which will bring you to the next link:

**<http://www.europe.tricare.osd.mil/mtf/mtfport.asp>**

\* Click the selection for TRICARE Europe Marketing Products prompt to enter the Public Affairs page.

**<http://www.europe.tricare.osd.mil/main/PAO/OrderForm/default.asp>**

\* Enter your user name and create a password. Press **Submit** and you will see the **Marketing Order** form that permits you to place you next semi-annual April 2002 products order. Also the **Marketing Order Verification form (MOV)** prompt is there to verify receipt of your Oct 2001 orders.

For assistance or questions contact:  
**[Bonita.Ducharme@europe.tricare.osd.mil](mailto:Bonita.Ducharme@europe.tricare.osd.mil)**